

LIVING AND LEARNING TOGETHER

a guide to caring for your newborn





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INTRODUCTION

Congratulations on the birth of your baby! Whether you're a first time parent or a veteran, a newborn baby is always a wonder.

This booklet provides an overview of some of the special characteristics you may notice about your newborn, and guides you through the basics of infant care. It will also help you recognize potential health concerns with your baby, and know when to seek medical help.

Keep in mind that no booklet can replace the advice and care you receive from a doctor and other health care providers. We encourage you to consult with your baby's doctor any time you have questions or concerns about your baby's health.



INSURING YOUR NEWBORN

Be sure to call your health insurance plan to enroll your newborn within 30 days of birth. Otherwise, his medical expenses may not be covered.

Note: Since the use of he/she and him/her can be distracting, this booklet alternates references to the baby's gender.

In this booklet, 2 icons are used to indicate when you need to seek medical care.



The symptoms may indicate an urgent problem. Call 911 or take your baby to the nearest hospital emergency room immediately.



The symptoms may indicate a problem. Call your baby's doctor now to determine the best course of action.

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YOUR BABY'S APPEARANCE



Skin color in newborns can vary greatly—from a pink and white or yellowish tone to the typical redness.

Every new baby is unique and beautiful. Don't be surprised, however, if your baby doesn't look like the babies you see on television commercials or in magazine advertisements. Your baby may have lumps on his head, puffy or crossed eyes, a flat nose, a small chin, dry skin, or a rash. And don't be alarmed if your baby jerks occasionally while sleeping, has mild nasal congestion, breathes unevenly, sneezes, hiccups, and spits up occasionally. Such characteristics are normal and only temporary unless your doctor tells you otherwise. This section discusses some of what you can expect to see in a normal newborn's appearance, and what should cause you concern.

SKIN

Many parents' first anxious questions relate to the appearance of their baby's skin. "Is my baby too red?" "What are those marks on his skin?" "Why does she have pimples?" Here are some things you may discover about your baby's skin:

- **Skin color:** Skin color in newborns can vary greatly—from a pink and white or yellowish tone to the typical redness. Even from one moment to the next, skin color can vary depending on the activity level of the baby. Of course, family characteristics and racial factors will also influence the color of your baby's skin.

  At birth, the skin of the normal newborn is reddish-purple in color and turns bright red when the baby cries. (During the first few days of life, the skin gradually loses this redness.) In addition, the newborn's hands and feet may be cool and blue. By the third day, he may also appear slightly yellow. This condition is called **jaundice**. It is common in newborns, and only occasionally requires special treatment. (See page 22 for more information on jaundice.)

- **Rash:** Your infant's tender and sensitive skin commonly reacts to his new environment. Scattered, pinhead-sized, or somewhat larger papules (pimples) surrounded by a mild red zone may appear in various areas of the body when your baby is about 2 days old. These will disappear over time. The cause is unknown, and the rash requires no treatment.

- **Acrocyanosis:** A blue color of the hands and feet is called **acrocyanosis**. It is caused by a decrease in the circulation of blood to the skin of the hands and feet. This condition frequently occurs during the early hours of life. However, a baby should never be blue around the face and lips. If you notice that your baby's face and lips have a blue color, or if she has dusky or blue skin, this may indicate a serious problem and requires immediate medical attention.

- **Mottling:** A new baby's skin can also look blotchy or mottled. This is especially noticeable if the baby is uncovered or cold. Mottling can also occur if your baby is ill. If your baby's skin color becomes pale or mottled, take her temperature. If it is higher or lower than the normal range, call your baby's doctor.

- **Cradle cap:** Cradle cap is a scaly patch of skin that develops on the scalp. Brushing your baby's hair daily and washing it frequently—every time you bathe him, or 2-3 times per week—may help prevent cradle cap. If cradle cap occurs, call your baby's doctor.

- **Milia:** The whitish, pinhead-size spots, mainly on and around the nose or the newborn's chin are called **milia**. Although they appear as tiny pimples, it is important not to disturb or break them, or put acne medicine on them. Doing so could produce a rash or cause the skin to scar. Milia are a normal occurrence in newborns and usually disappear within a few weeks.

- **Stork bite marks:** This is a fanciful term for the areas of pink or red often present in the newborn on the upper eyelids, forehead, and back of the neck. These marks are caused by blood vessels that are close to the surface of the skin. They usually fade by the end of the baby's second year. These "birthmarks" occur in as many as half of all newborns, especially in those with fair complexions.

LEGS

At birth, the newborn's legs are relatively short in proportion to the total body length. In some newborns, there is a significant separation of the knees when the ankles are held together, giving the appearance of bowed legs. This usually corrects itself.



GET EMERGENCY CARE in the following cases:

- Dusky or blue skin or lips



CALL YOUR BABY'S DOCTOR if you notice any of the following:

- Jaundice (a yellow appearance) that doesn't go away, or spreads to cover more of the body (see page 22 for more information on jaundice)
- A rash that concerns you—it could be an allergic reaction, an infection, or a symptom of an illness
- Mottled and pale skin and a temperature that is higher or lower than normal
- Cradle cap

HEAD AND FACE

Newborn babies rarely have nice round, perfectly shaped heads. Some babies have large heads, some have small. Some have round heads, and some have elongated heads as a result of squeezing through the birth canal. Here are a few of the variations you may notice with your newborn's head:



- **Forceps marks:** If your baby was delivered using forceps, marks left from the pressure of the forceps may be noticeable on your baby's face, usually on the cheeks and jaws. Be assured that the marks will disappear quickly, usually within a day or two. After the marks fade, don't be alarmed if you can feel hard little lumps along the cheekbones where the marks were located. These lumps will also disappear.

- **Molding:** Molding of the skull bones as the baby moves down the birth canal is a common cause of temporary lopsidedness of the head. Usually the head will return to its normal shape by the end of the first week. Molding is not usually present after a cesarean or breech delivery.

- **Caput:** A **caput** is a soft swelling of the skin on the baby's scalp. It occurs as a result of the top of the baby's head being pressed against the mom's cervix throughout labor and delivery. The swelling usually disappears within the first few days of life.

- **Cephalohematoma:** **Cephalohematoma** is a collection of blood in the baby's scalp tissue. You will notice this as a bruise on top of your baby's head. As with caput, cephalohematoma most commonly occurs when the baby's head is forced through the birth canal. It differs from caput in that it tends to be more distinct and long-lasting. Cephalohematoma is not usually present until several hours after birth. It may take 2 weeks to 2 months for the baby's body to reabsorb the excess blood and for the bruise to go away. Because the excess blood is absorbed from the center first, there may be a dent on the scalp for a while. Also, a baby with cephalohematoma may be more likely to develop jaundice.

- **Facial asymmetry:** Your baby's face may appear lopsided if crowding in the uterus caused the head to be held for some time in a sharply flexed position (with the shoulder pressed firmly against the jawbone). This unevenness disappears by itself in a few weeks or months.

WHAT ARE THESE SOFT SPOTS ON MY BABY'S HEAD?

The "soft spots" on your baby's skull—where you can sometimes see a pulse beneath the skin—are called fontanels. Most babies have two of them, one on the top of the head and one a little farther back. These areas are where the bones of your baby's skull haven't yet grown together. This flexible arrangement allows the skull to compress during labor and to continue to grow during the early years of life. The rear fontanel usually closes within 4 months, while the front one doesn't close until the child is at least a year old. Don't be afraid to touch these spots gently—they're covered with a tough membrane to protect your baby's brain.

EYES

You'll likely spend a lot of time looking into your newborn's eyes. Here are some things you may notice:

- **Eye color:** Babies aren't born with their final eye color. Eyes at birth are usually grayish-blue in Caucasian infants and grayish-brown in infants of darker-skinned races. Pigment is slowly distributed to the eye and produces the final eye color of the baby by 6-12 months.
- **Sclera:** The **sclera** (whites of the eyes) may have a bluish tint in the normal newborn because the membranes surrounding the eyeball are still very thin. If the baby is jaundiced, the sclera may appear yellow.
- **Tear ducts:** The tear ducts in a newborn are small and do not function at birth. Tears are usually not produced with crying until the baby is 1 to 3 months old.
- **Cross-eye:** Many newborns appear to have cross-eye because the upper eyelids of the newborn often show folds. This—in combination with the wide, flat bridge of the nose—can create an illusion of the baby having cross-eye. The illusion can be tested by looking at the reflection in the baby's pupils to see if both eyes are focused on the same object. This condition tends to disappear with further development of the facial structures.
- **Uncoordinated eye movements:** Uncoordinated eye movements are common in newborns. At times, it might seem that the eyes are operating independently. This is normal. Coordination of eye movements gradually occurs as the nerves and muscles of the eye develop. Fairly good eye coordination is usually apparent by the third or fourth month. In newborns, random and jerky movements are also normal.
- **Closed eyes:** In addition to sleeping, a number of things can cause your baby to close his eyes—including bright lights, loud noises, and touching the eyelids, eyelashes, or eye.
- **Subconjunctival hemorrhage:** One of the common results of birth may be the breaking of a small blood vessel on the white area (sclera) of the eye, creating a bright red spot. This bright red spot is called a **subconjunctival hemorrhage**. It is caused by a sudden increase in pressure in the eye as the baby passes through the birth canal. Since the blood is usually absorbed within 7 to 10 days, you can be reassured that the red spot is temporary and not a cause for worry.



Your newborn baby can focus best at a distance of 8-14 inches—about the distance from her eyes to yours as you nurse or feed her. Babies also notice movement, light, patterns, and shapes. And as the first weeks go by, their ability to see and to focus improves.



***NEVER** leave your baby (or toddler) unattended in the bath. A newborn can drown in just an inch of water.*

FINGERNAIL CARE

Babies will scratch themselves if their nails are too long. It may be easier to clip your baby's nails when he is asleep, or with someone else's help. Use clippers designed especially for babies, and be careful not to cut the fingertips. You may also use a soft emery board to file your baby's fingernails.

BASIC CARE ACTIVITIES

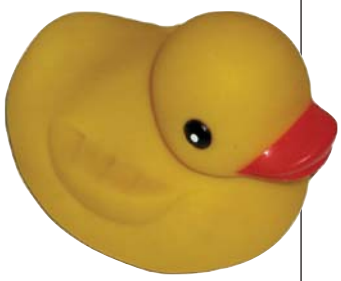
Your newborn will depend on you for every aspect of her care. This section provides guidelines for some basic care activities.

BATHING

For the first year of life, your baby will only need to be bathed every 2-3 days. Sponge baths are a good way to help you and your baby become accustomed to the new routine. Limit bathing to sponge baths—not tub baths—until your baby's umbilical cord drops off.

There is no one right way to bathe a baby, but there are some basic guidelines to follow. As you become more comfortable with your baby, you can adapt these guidelines to fit your baby's needs:

- Bathe your baby in a warm, draft-free environment.
- Have bath supplies ready before beginning the bath.
- Keep the water temperature comfortably warm, not hot. Before placing your baby in the water, always test the temperature of the water with your elbow.
- Wash the baby's face first, using plain water and a washcloth. Wash your baby's eyes from the inner corner to the outer, using different parts of the washcloth for each eye.
- Use a mild non-deodorant soap and a soft washcloth to wash the rest of the baby's body, working downward toward the baby's feet. Pay special attention to folds and creases.
- When washing the genitals, always wipe girls from front to back. When bathing a boy, never forcefully push back the foreskin on an uncircumcised penis.
- To avoid heat loss, wash the baby's hair last.
- To help keep your baby warm after a bath, cover her head with a dry towel.
- Do not routinely use lotions, oils, or creams on your baby. If the skin becomes too dry or starts to crack, ask your doctor to prescribe a cream that does not contain any fragrances or alcohol.



DIAPERING

You should change your baby's diaper frequently, as soon as it's wet or soiled. Initially, you may feel clumsy diapering—but as with any new skill, you'll get better with practice. Here are some tips:

- **Be ready.** Before beginning to diaper, have the necessary items within easy reach.
- **Be safe.** If you use a changing table, it should be sturdy and have a safety strap. Also be sure it has plenty of room to contain all the items you need to change your baby. Even with a safety strap, you should never turn your back while changing the baby.
- **Clean well.** Gently and thoroughly clean the skin.
  - *For girls:* Wipe the genitals from front to back. For the first 4 weeks after birth, it's not unusual for girls to have a white, milky discharge that may or may not be tinged with blood.
  - *For boys:* Clean under the scrotum. Do not push or pull the foreskin on an uncircumcised penis.
- **Watch those pins.** If you use cloth diapers, watch out for open safety pins. Always point them outward, away from the baby.
- **Skip the powder.** Baby powder may smell good, but it can irritate your baby's lungs. If can also irritate the broken skin of a diaper rash. See page 17 for tips for preventing and treating diaper rash.



CALL YOUR BABY'S DOCTOR if you notice any of the following:

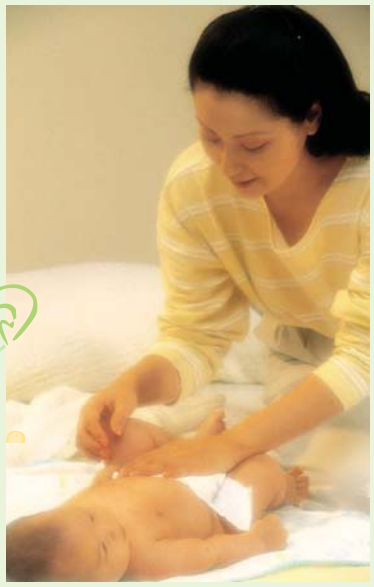
- No bowel movement by 36 hours of age
- Fewer than 4 stools in a 24-hour period on the fourth day of age
- Fewer than 4 wet diapers in a 24-hour period on the 4th day of age
- Sudden changes in bowel movements in combination with irritability, poor eating, or other concerns

NORMAL BOWEL MOVEMENTS

A baby's first bowel movements consist of a sticky black or greenish brown material called **meconium.** By the fourth day of age, bowel movements should become the characteristic yellowish color produced by a milk diet.

Color, consistency, and number of bowel movements will vary between babies. A breastfed baby tends to have loose, seedy yellow or mustard-colored movements that do not have a strong smell. Milk formula produces pasty and formed bowel movements, which are light yellow to brown, with a strong sour-milk odor.

Some variations in color and texture can be normal if the infant seems healthy. You will soon be able to judge if a bowel movement seems unusual. Apparent straining during bowel movements is common.





For more information, check out these websites:

When you reach either of the following websites, type **"circumcision"** in the **Search** box in the upper right corner of the screen.

www.ihc.com
This site provides information produced by IHC, as well as health information from other trusted sources.

www.medem.com
This site includes award-winning clinical content from America's leading medical societies.

CIRCUMCISION AND PENIS CARE

A circumcision is a procedure that removes a fold of skin, called the **foreskin**, from the head, or **glans**, of a baby boy's penis. Circumcision is no longer performed routinely. It's your choice whether to have your baby boy circumcised. The following information and resources can help you decide.

Making a decision

Circumcision is no longer considered medically necessary. According to the American Academy of Pediatrics and the American Medical Association, there is not enough medical evidence to support routine circumcision. Studies do show some potential medical benefits of circumcision, but there are also potential risks (see the table at the bottom of the page). Since circumcision is not essential to the child's current well-being, parents should determine what is in the best interest of their child.

Whether or not to have your son circumcised is YOUR choice. In addition to weighing potential medical benefits and risks, you should also consider any cultural, religious, or ethnic traditions that may affect your decision. To learn more, ask your health care providers—and visit one of the websites listed to the left. Make sure you have the information you need to make an informed choice.

You may have to pay for your son's circumcision. Because routine circumcision is not considered medically necessary, your health care insurance may not pay for it. In fact, **as of July 1, 2003, Utah Medicaid no longer pays for circumcision** (although Idaho Medicaid still does). You should check with your own insurance provider before you make a choice. Also, talk with hospital or clinic staff, if needed, for information on costs and financial assistance.

Potential Benefits

- **Reduced risk for bladder infection in the 1st year of life.** The risk is 1 in 1,000 for circumcised boys, and 1 in 100 for boys who are not circumcised.
- **Slightly reduced risk of developing cancer of the penis.** 1 out of 1,000,000 circumcised men will develop cancer of the penis. This may be slightly more common in males who are not circumcised who do not practice good hygiene.
- **Slightly reduced risk of getting sexually transmitted diseases (STDs), possibly including HIV.** However, behavioral factors are far more important in preventing these diseases than the presence or absence of a foreskin.
- **Easier genital hygiene and prevention of infection under the foreskin.** However, boys who are not circumcised can learn how to clean beneath the foreskin.

Potential Risks

- **Bleeding, infection, and improper healing.** These are risks of any surgery.
- **Cutting the foreskin too short or too long.** If too little skin is removed, the circumcision may have to be repeated. If too much skin is removed, the penis can take longer to heal, or may require reconstructive surgery.
- **Irritation and urination problems.** When the foreskin is removed, the tip of the penis may become irritated and cause the opening of the penis to become too small. In rare cases, this can cause urination problems that may need to be surgically corrected.

Care of the circumcised penis

If your child *did* have a circumcision, read below to learn what to expect, and how to care for your child's penis.

- **For all types of circumcision:** It's normal for the site to be red and raw and have yellow crusts for about 5 days. Keep the penis clean by washing it gently with soap and warm water during your son's bath. You don't need to use cotton swabs, astringents, or any special bath products. Observe the site for signs of infection—listed under "CALL YOUR BABY'S DOCTOR" to the right. The circumcision should heal completely within 7 to 10 days.
- **For a circumcision using a Plastibell clamp:** The Plastibell is a plastic rim that is placed between the foreskin and the glans of the penis. If your baby has a Plastibell, don't use any special dressings or ointments on your baby's penis. The plastic rim usually drops off in 5-10 days.
- **For a circumcision using a Gomco or Mogen clamp:** Gomco and Mogen clamps are used to surgically remove the foreskin. No special dressing is required. However, to prevent the diaper from rubbing against or sticking to the sore area, you can use a small amount of petroleum jelly on the tip of the penis.

Care of the uncircumcised penis

If you chose *not* to have your son circumcised, read below to learn how to care for your child's penis.

- Wash the penis gently with soap and warm water during your son's bath. You don't need to use cotton swabs, astringents, or any special bath products.
- Never forcibly pull back the foreskin to clean beneath it.
- Over time, the foreskin will retract on its own. This happens at different times for different children, but most boys can retract their foreskins by the time they're 5 years old. After that time, you can teach your child to gently pull the foreskin back away from the glans, and clean the glans and the inside fold of the foreskin with soap and warm water.



CALL YOUR BABY'S DOCTOR if you notice any of the following:

- Increased redness, swelling, and tenderness
- Development of pus-filled blisters
- Bleeding—apply pressure and call your baby's doctor right away
- Signs of discomfort with urination
- Failure to urinate within 6 to 8 hours of a circumcision



CALL YOUR BABY'S DOCTOR if you notice the following:

- Reddened or firm skin around the umbilical cord—or skin that has pus or a foul smell

UMBILICAL CORD CARE

Your baby's umbilical cord doesn't require any special care—except for keeping it clean and dry. If the cord does become dirty—for example, if there is a small amount of drainage on or around the cord—simply wipe it with a warm, wet washcloth, cotton ball, or Q-tip and let it dry. Since there are no nerve endings in the umbilical cord, you don't need to worry about hurting your baby. Folding the baby's diaper below the cord will improve air circulation and help keep the cord dry. After the cord drops off, usually in about 12-14 days after birth, you may notice some drainage and slight bleeding. This is normal—just clean the cord site gently until the drainage stops. However, if the skin around the umbilical cord becomes reddened, firm, and/or has pus or a foul smell—call the doctor. It could be infected.

FEEDING

Breast milk or formula is the only food your baby will need for the first six months of life. Water, sugar-water, juice, and electrolyte drinks (for example, Pedialyte) are not needed—don't give them unless you are instructed to do so by your doctor. Cow's milk or goat's milk should also not be fed to a baby younger than one year of age. These milks are high in protein and salt, and are harder for babies to digest. In addition, these milks do not contain many of the important vitamins and minerals your baby needs. They are especially low in folic acid and vitamin B_{12}, two nutrients that help prevent anemia and iron deficiency.



The American Academy of Pediatrics recommends breastfeeding for at least the first year of your baby's life. Breast milk has special properties that help protect your baby from illness. See IHC's *Guide to Breastfeeding* booklet to learn more.

Preparing formula

If you feed your baby formula, keep in mind that the American Academy of Pediatrics recommends using iron-fortified formula. Always carefully follow the preparation instructions for the formula you give to your baby. For example, never try to "stretch" formula by adding more water.

To reduce waste, prepare only the amount of formula your baby usually takes in one feeding. Throw away any formula left in the bottle after each feeding. As your baby gets older, she will gradually take larger amounts of formula.

Feed your baby only breast milk or formula unless otherwise instructed by your doctor.

TYPES OF FORMULA

Formulas are available in the following forms:

- **Ready-to-feed formula:** This type of formula does not require water to be added. It comes in multiple or single-serving cans, or in ready-to-use baby bottles. It's convenient, but it's also the most expensive type of formula available.
- **Concentrated liquid:** This type of formula is packaged with an "add water" symbol on the label. To use it, follow the instructions provided on the label.
- **Powdered formula:** Powdered formula also has an "add water" symbol on the label. Always follow the instructions for formula preparation and storage provided on the label. This is the least expensive type of formula, and it can be easily stored and transported.



Cleaning your baby's bottles

Wash your bottles with hot, soapy water and rinse well. Check bottle nipples for tears or cracks, stickiness, or enlargement. If any of these occur, throw the nipple away. Rinse bottles before putting them in the dishwasher.

How much formula does your baby need?

The table below shows the approximate number of feedings per day—and number of ounces per feeding—for babies of different ages. Remember that every baby is unique. If your child's feeding schedule varies greatly from this, talk to your doctor.

Age	Approximate number of feedings per day	Approximate number of ounces per feeding
0-1 months	on demand, 6-8 feedings	2-5 ounces each
1-2 months	5-7 feedings	3-6 ounces each
2-3 months	4-7 feedings	4-7 ounces each
3-4 months	4-6 feedings	6-8 ounces each

WARMING FORMULA

You should never microwave formula. The microwave heats formula unevenly, causing hot spots that may burn the baby's mouth. This may occur even if the bottle feels warm to the touch. It is best to warm formula under a warm faucet, in a pan of warm water, or in a bottle warmer.



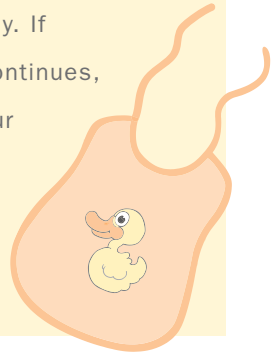
PACIFIERS

If you choose to use a pacifier, follow these simple guidelines.

- Keep the pacifier clean.
- Do not tie a pacifier around your baby's neck. Your baby could strangle.
- If the pacifier becomes torn, cracked, sticky, enlarged, or shows other signs of wear, replace it immediately.
- Use only store-bought pacifiers.

SPITTING UP AND VOMITING

Most babies spit up after eating, especially at first. There is a difference between spitting up and vomiting. Spitting up is like "spilling over" and is usually not a cause for worry. Your baby will outgrow this. Vomiting is when a large amount of milk is returned forcibly. Some babies vomit occasionally. If vomiting continues, consult your baby's doctor.



Positioning your baby

Your baby should be in a semi-sitting position to eat. This helps keep air from entering his stomach. Never prop a bottle for feeding. To avoid choking and to promote bonding, hold your baby while you feed him. Your baby should never be left with a bottle while sleeping, as this promotes tooth decay.

Burping your baby

When babies eat, they may swallow air, especially when drinking from a bottle. Not all babies have to burp, so if your baby doesn't burp, he probably doesn't need to. As your baby gets older, you won't need to burp him as often. To help make your baby more comfortable:

- When formula feeding your baby, burp him midway through and at the end of the feeding. In the beginning, this would be after every half-ounce. Keep the nipple full of formula throughout the feeding to decrease the amount of air your baby swallows.
- When breastfeeding, burp your baby when you switch breasts, and after each feeding. Breastfed babies take in less air, so your breastfed baby may not need to be burped.

Here are 3 effective burping positions:



OVER YOUR SHOULDER.

Hold your baby against your chest with his head supported on your shoulder. Gently pat his back with your hand.



ACROSS YOUR LAP.

Lay your baby face down across your legs/knees, making sure the head is supported. Gently rub or pat your baby's back.



SITTING ON YOUR LAP.

Sit your baby on your lap. Support his chin with one hand. Lean your baby forward and pat his back.

SLEEPING

Most—but not all—newborn babies sleep a lot. Some sleep for as many as 18-20 hours a day, while others may sleep for only 8 hours a day. Some babies are more active and alert, while others are more fussy and demanding—or more calm and quiet. In general, as your baby gets older, he will require fewer naps.

Most parents are anxious for their newborn to sleep through the night. When this time comes, it is a glorious event! But be patient—it might be a while. Every baby is different and there is no set schedule. In the beginning, parents should adapt their sleeping patterns to the baby's.

Feeding your baby solid foods will NOT help your baby sleep through the night. When your baby is ready, he will sleep through the night.





Put baby to sleep ON HIS BACK!

The American Academy of Pediatrics recommends that babies should be put on their backs to sleep. There is a relationship between Sudden Infant Death Syndrome (SIDS or crib death) and babies sleeping on their stomachs. If your baby has special needs, your doctor may recommend other sleeping positions.

WHEN IS "TUMMY TIME" OKAY?

When your baby is awake, and is being watched, it's good to give him some play-time on his tummy. "Tummy time" gives your baby these benefits:

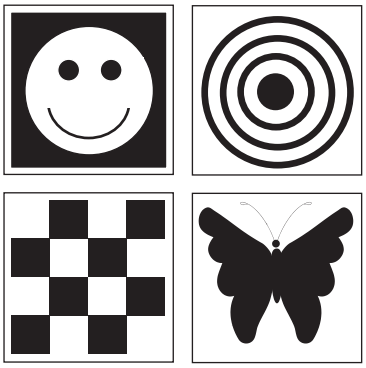
- Helps him develop his back and neck muscles
- Helps prevent flattening of the back of the head that occurs when babies spend a lot of time on their backs
- Helps him learn to shift his weight to reach for a toy or look around—which helps him roll, crawl, pull to a stand, and walk earlier

Try to give your baby some tummy time each day—starting with just a few minutes and building up from there. But remember, if your baby falls sleep, gently place him on his back.



Other sleeping and crib safety DOs and DON'Ts are provided in the Safety section of this booklet.

From birth to 2½ months, newborns can focus best on black and white objects. Pictures such as these are good to show your baby:



INTERACTING

Interacting with your newborn is one of the most important things you can do. It encourages his development and helps him feel loved and secure. Interact with your baby by giving him experience with all of his senses. Normal newborns can see, hear, feel, smell, taste, suck, swallow, follow with their eyes a short distance, and distinguish sounds. Newborns also show interest in human faces and voices. Infant development studies show that newborns can understand and learn. There are many ways you can interact with your baby.



- Talk and sing to your baby.
- Give him musical toys, brightly colored toys, or a mobile for him to follow with his eyes.
- Smile and play with your baby.
- Try to establish eye contact.
- Stroke, pat, massage, and rock him.
- Make bathing, changing, and feeding times special.

You can help your baby learn more and you can enjoy her more by understanding her development. Your baby is an individual who will learn faster in some areas and slower in others. Don't try to push or rush your baby. Allow her to develop at her own pace.



IF YOUR BABY HAS A BROTHER OR SISTER

Often, older siblings have a hard time with a new baby at home. They may experience feelings of jealousy or rivalry about the new baby. Some regress to earlier behaviors, such as bed-wetting. They may request a bottle when they notice that the new baby is getting a lot of attention.

You can help older siblings adjust to your newborn with the following strategies:

- Even before you bring the new baby home, reassure older brothers and sisters that they are just as important to you, even though the new baby will take a lot of time and attention.
- Give siblings extra love and try to spend some special time with them.
- Read to them while you feed the baby, and help them hold or examine the new baby. (They might need constant supervision and reminders that the baby is not a doll or a toy.)
- Give siblings a doll to care for. Having their own "baby" to care for may ease their jealousy.

COMMON PROBLEMS

DIAPER RASH

Most babies, at some time or another, will probably get a rash on their bottoms (diaper rash). To prevent diaper rash, keep the diaper area clean and dry by changing the diaper every time it is wet or soiled. If your baby has diarrhea or is on antibiotics, the possibility of developing a diaper rash is increased. Use protective cream such as petroleum jelly, A&D ointment, Desitin, or zinc oxide to help prevent or treat the diaper rash.

To treat diaper rash, expose your baby's skin rash to air as often and for as long as possible.



Use A&D ointment, Desitin, or zinc oxide to help prevent diaper rash.



If you are using cloth diapers:

- Remove plastic pants during the day as often and for as long as possible.
- If a strong ammonia smell is present, treat the diapers with a solution of bleach. Be sure to rinse thoroughly.
- Try washing diapers with a different soap and rinse carefully.

If you are using disposable diapers or wipes:

- Try changing to a different brand.

CONSTIPATION

Your baby might become constipated, especially if he's being fed formula. If your baby is constipated, his stool will appear hard and formed or pellet-like. If constipation persists, notify your baby's doctor.

DIARRHEA

If your baby's stool is watery, green, foul-smelling, or contains mucus, notify your baby's doctor. Babies can dehydrate very rapidly.



CALL YOUR BABY'S DOCTOR if you notice any of the following:

- Vomiting more than occasionally, or vomit that is green or bloody
- Severe or persistent diaper rash
- Constipation that persists
- Watery, green, or foul-smelling stool—or stool that contains mucus



FEVER

Call your baby's doctor if your baby's temperature is higher or lower than the following normal ranges. You only need to take your baby's temperature when you think he is ill.

Where to take the temperature

For children less than 3 months (90 days) old, take an armpit (axillary) temperature. It's a safe method that is adequate for screening.

Normal temperature range

Armpit (axillary) temperature from 97.7°F (36.5°C) and 99.5°F (37.5°C).

How to take armpit (axillary) temperatures

- Make sure your baby's armpit is dry.
- Put the tip of the thermometer in your baby's armpit, directly against her skin (skin should completely surround the tip of the thermometer).
- Close your baby's armpit by holding her elbow against her chest.
- Follow the directions on your thermometer to determine how long you should hold the thermometer in place before reading it.



CALL YOUR BABY'S DOCTOR if you notice either of the following:

- Low temperature—your baby can become stressed and develop difficulty breathing
- High temperature (an infection could be starting)

A normal temperature taken in the baby's armpit is between 97.7°F (36.5°C) and 99.5°F (37.5°C).

CHOKING ON MUCUS OR MILK

If your baby begins to choke on mucus or milk, turn him on his side with his head slightly lower than his body. If necessary, gently assist him in clearing any visible fluid from his mouth or nose with a cloth or your fingers. If this method doesn't work, you may need to use a bulb syringe. See the instructions on the following page.

COLDS AND OTHER ILLNESSES

Babies can get colds just like the rest of us. A cold is caused by a virus and usually results in mild symptoms in your baby (stuffy or runny nose, mild fever, mild cough). Another common illness in infants is **RSV (respiratory syncytial virus).** RSV usually causes mild, cold-like symptoms—but sometimes it can be more serious. Look to the guidelines to the right to help you know when to call the doctor or get emergency care.

For mild colds, there is usually no special treatment. However, if the nose becomes too runny or stuffy, it may make it hard for a young baby to nurse or drink from a bottle. Since a baby can't blow her nose, you may have to clear out mucus by suctioning with a bulb syringe (see below). Also talk to your doctor about using warm water or saline nose drops to loosen up dried mucus before suctioning. Don't give your baby any medications without checking first with your doctor.

The best thing you can do for colds and other illnesses is **prevent** them. Follow these guidelines:

- **Wash your hands.** Wash your hands with soap and warm water before touching your baby, and ask others to do the same.
- **Stay home.** Keep your baby at home as much as possible. Especially avoid taking your baby to crowded locations, such as shopping malls, restaurants, and church.
- **Keep sick people away.** Keep people who have colds away from your baby, including brothers and sisters. Parents or other caregivers who feel ill should wear a mask and refrain from kissing the baby.
- **Don't smoke.** Don't smoke—or allow others to smoke—near your baby. Exposure to tobacco smoke can increase the severity of viruses and infections.



CALL YOUR BABY'S DOCTOR if you notice any of the following:

- Fever (armpit temperature over 99.5°F or 37.5°C)
- Poor eating or excessive irritability
- Breathing rate faster than 60 breaths per minute
- Wheezing or coughing



GET EMERGENCY CARE in the following cases:

- Trouble breathing (or chest sinking in with breathing)
- Dusky or blue skin or lips
- Excessive sleepiness, floppiness, or difficulty rousing

USING A BULB SYRINGE

If repositioning your baby or wiping your baby's mouth or nose doesn't relieve congestion, you may need to try using a bulb syringe. Here's how:



- **In the mouth:** Turn your baby on her side with her head slightly lower than her body. Press in the bulb before placing it in the baby's mouth. As you suction out the mucus or milk, be careful not to catch the delicate mucous membranes inside the cheeks or the back of the throat. Remove the bulb, and squirt the contents into a cloth.
- **In the nose:** Suction mucus from the nostrils in a similar way, inserting only the tip of the bulb syringe.

Be extremely careful when you do this. Suctioning the mouth or nose too vigorously, too often, or for too long can dry and irritate delicate tissues and cause severe trauma to the mouth or nose.

WAYS TO COPE WITH CRYING

Sometimes babies cry for hours at a time and nothing seems to soothe them. Although there are no magical cures, some of the following techniques may help.

- **Check your baby's basic needs.** Feed and diaper her—make her comfortable in every way.
- **Decrease your baby's stimulation.** Work on creating a more quiet, calm, structured environment for your baby. Avoid sudden noises, keep the lights dimmed, and limit visitors.
- **Hold your baby so he feels secure.** Try swaddling your baby in a soft, warm blanket.
- **Try anything that provides a slow, gentle motion.** Motion is generally calming to both you and the baby. Try taking your baby for a ride in a stroller or in the car. Also try cuddling her in a rocking chair, or letting her sit in an infant swing.
- **Try singing, talking quietly to your baby, or playing the radio.** Some babies are soothed by listening to low-toned, rhythmic, monotonous sounds. Sometimes running a vacuum, a humidifier, or a tape of a heartbeat may help.
- **Try nursing longer on one breast** to allow your baby to receive richer milk.
- **Call a relative or friend.** They may offer advice or watch the baby for a while. Colic can be trying—and you need support.

CRYING AND COLIC

Crying is the only way your baby can "tell" you what he needs. Babies cry for a lot of reasons—hunger, wet or soiled diapers, tiredness, uncomfortable temperatures (hot or cold), illness, fear, or the need for company. Some infants cry at certain times of the day or night. Feeding and changing may help, but sometimes even that doesn't work. If your baby cries more often than normal and is inconsolable—or if you notice signs of illness (such as a fever)—contact your baby's doctor.

Is it colic?

If you've ruled out other causes of crying, your baby may have colic (irritable infant syndrome). Symptoms of colic include:

- Crying or fussiness for more than 3 hours per day
- Difficulty soothing your baby
- Baby is happy much of the day, but becomes progressively fussier as the day goes on
- Baby draws his knees up to his chest and passes gas, flails his arms, and frequently arches his back and struggles when held
- Baby's belly muscles may feel hard during crying



Occasionally, colic is caused by sensitivity to food in the nursing mother's diet. Cow's milk products such as cheese, ice cream, and butter are common sensitivities. Other food items that may cause problems include stimulants (caffeine) and gas-producing foods. Your baby's doctor or your lactation consultant may suggest eliminating these food products for a time to see if the symptoms of colic improve.

Talk with your doctor if you think your baby may have colic. The cause of colic is unknown, but your parenting style is generally not a factor. Nor is feeding style. Breastfed babies are as likely to have colic as bottle-fed babies.

If you've tried everything...

Crying isn't harmful to your baby, but it can frustrate even the most patient of parents. If you've tried everything, put your baby in a safe place, like a crib or playpen, and leave the room for a while. Check on your baby every 10-15 minutes. Remember, it's okay for babies to cry—it's normal and it won't hurt them. If possible, have friends or family take over if you feel yourself losing it. No matter how stressed or frustrated you get, **never shake a baby or young child.**



Fatherhood is exciting and rewarding. Your baby's emotional and physical well-being depends on your involvement. Studies prove that men who share in caring for their children have a much stronger and more meaningful bond with them.



Parenthood isn't always easy. Both mothers and fathers get stressed occasionally, especially when their babies don't stop crying. But remember, no matter how stressed or frustrated you get, NEVER SHAKE A BABY! Follow the tips on the previous page to help you cope with a crying baby. And be sure to set aside some time each day for yourself—go for a run, take a hot shower, listen to music, or do anything else that will relax you.

PREVENTING SHAKEN BABY SYNDROME

When people shake a baby, it's usually because tension and frustration build up when a baby is crying or irritable. However, shaking a baby can cause Shaken Baby Syndrome, which is a serious—and sometimes fatal—form of child abuse.

Babies have very weak neck muscles. If they're shaken, their heads wobble back and forth, which may cause the brain to shift inside their skull. This shifting may cause brain damage and bleeding in and on the surface of the brain, resulting in blindness, brain damage, or death. Never shake a baby or child for any reason.

- Always provide support for your baby's head when holding, playing with, or transporting him.
- Make sure that everyone who cares for your baby knows the dangers of shaking him. This includes babysitters, child/day care personnel, and siblings.
- Learn what you can do if your baby won't stop crying. Remember, all babies cry a lot during the first few months of their lives.

For more information on Shaken Baby Syndrome, call **1-888-273-0071** or go to **www.dontshake.com.**

JAUNDICE

Jaundice is the yellowish coloring of the skin and eyes that is sometimes seen in newborns. Jaundice is caused by **hyperbilirubinemia**—a condition in which a substance called **bilirubin** builds up in the bloodstream and is deposited in the skin. Your baby is tested for high bilirubin before leaving the hospital.

A little jaundice is common in newborns for the first 3 to 5 days. The yellow color of jaundice starts at the head and gradually moves downward on the baby. As the baby's liver breaks down bilirubin, the jaundice gradually disappears. However, in up to 5-6% of babies, bilirubin levels are high enough to require treatment. Treatment includes phototherapy (fluorescent light treatment) and frequent feedings of breast milk or formula. In most cases, treatment can be done at home, but sometimes hospitalization is required.

If your baby's bilirubin level is above normal in the hospital—but not high enough to require treatment—your doctor may schedule you for a follow-up bilirubin test. It's very important to have this testing done. If high bilirubin levels are not treated, some babies may suffer neurological (brain) damage. That's why it's also important to notify your baby's doctor if you notice your baby becoming more yellow, or if the jaundice covers more of the body than when you were in the hospital. You should also notify your baby's doctor if your baby becomes lethargic, is eating poorly, has an unstable temperature, or has behavior changes—these can all be signs of a high bilirubin level. Prompt treatment is important to prevent permanent injury in a newborn.



Frequent feedings of breast milk or formula will also help decrease jaundice.



CALL YOUR BABY'S DOCTOR if you notice any of the following:

- Jaundice (a yellow appearance) that does not go away, or spreads to cover more of the body
- Breathing rate faster than 60 breaths per minute
- Lethargy, or an overall change in activity or temperament
- Excessive irritability (has a high-pitched cry or is inconsolable)
- Poor eating
- An unstable temperature

THRUSH AND OTHER YEAST INFECTIONS

Thrush is a yeast infection in your baby's mouth. It may appear as white or grayish-white, slightly elevated patches resembling curds of milk on the tongue, roof of the mouth, lips, or throat. These patches cling and will not wipe or rinse off easily. If they are wiped off, they leave the underlying tissue raw and may make it bleed. Other symptoms of thrush may include irritability, poor eating, and a persistent diaper rash. Diaper rash caused by a yeast infection may have red spots along the edges. If you think your baby has thrush or a yeast infection, contact his doctor.

If you are breastfeeding and your baby develops thrush, you may also have a yeast infection on your breasts, which can cause your nipples to crack, itch, or burn. Nipples may also become red, swollen, and painful. For information on treating yeast infections—for your baby or yourself—refer to IHC's *Guide to Breastfeeding* booklet. If you have a vaginal yeast infection, you need to be sure to thoroughly wash your hands so you don't pass it on to your baby.

Thrush and other yeast infections are treated with medication and/or ointment. Many times, both you and your baby must be treated at the same time.

CHANGE IN BEHAVIOR (IRRITABILITY OR LETHARGY)

Every baby has his own temperament and personality. Some babies are calm and placid, while others are fussy. Most babies are very sleepy for a couple of days after birth. You will quickly discover your baby's unique temperament. Changes in your baby's temperament or energy level may signal problems. Look to the guidelines at the right to help you decide when to call the doctor or get emergency care.

RAPID OR SLOW BREATHING

A newborn's breathing pattern tends to be more rapid and irregular than an adult's breathing. However, if your baby takes more than 60 breaths per minute, call your baby's doctor. If your baby's chest sinks in during breathing, or if your baby appears to have trouble breathing, seek emergency care.





GET EMERGENCY CARE in the following cases:

- Excessive sleepiness, floppiness, or difficulty rousing
- Trouble breathing or chest sinking in with breathing



CALL YOUR BABY'S DOCTOR if you notice any of the following:

- Thrush—white or grayish-white, slightly elevated patches resembling curds of milk on the tongue, roof of the mouth, lips, or throat
- An overall change in your baby's activity or temperament
- Excessive irritability (has a high-pitched cry or is inconsolable)

NEWBORN SCREENING TESTS

Your baby is screened for several problems before going home—including high bilirubin, hearing impairment, and hereditary diseases.

BILIRUBIN SCREENING

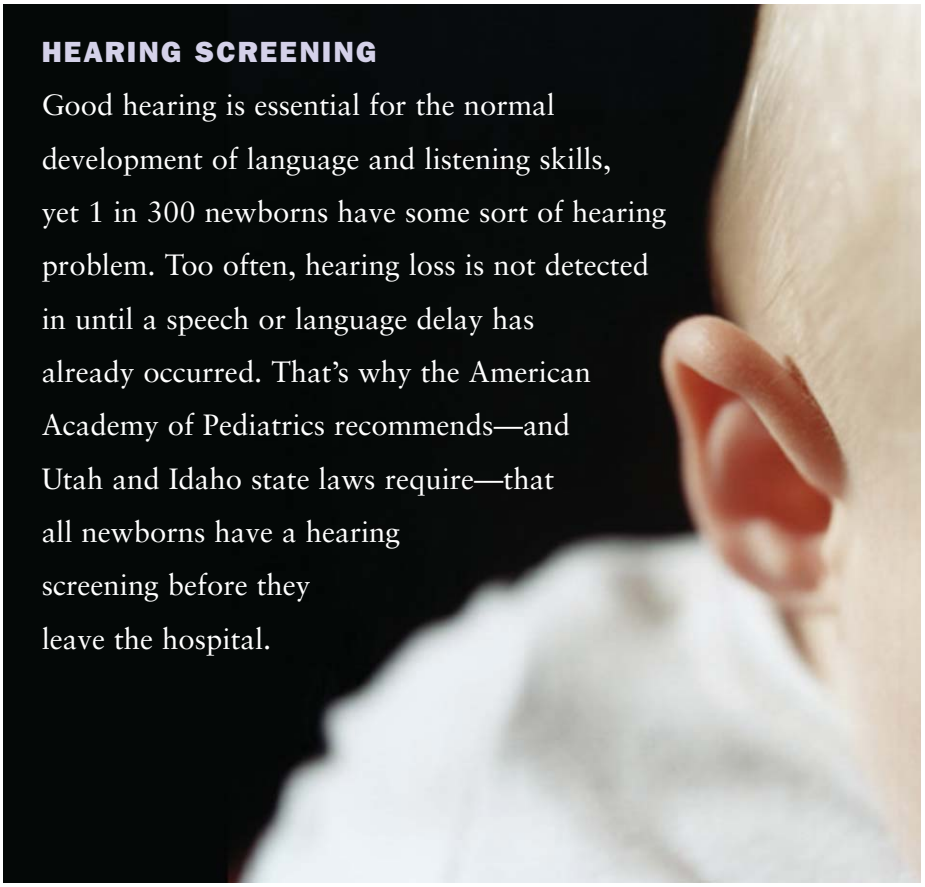
Every newborn is screened for **high bilirubin (hyperbilirubinemia)** before leaving the hospital. High bilirubin causes jaundice (described on page 22). If your baby's test result shows that your baby is at risk, you'll be instructed to take your baby to your doctor's office or to the hospital or an outpatient lab to repeat the test a day or two after your baby goes home. It's very important that you have this follow-up test as instructed.

FOLLOW UP AS INSTRUCTED

If your doctor instructs you to have a follow-up bilirubin test after you take your baby home from the hospital—it's very important that you do so. If the bilirubin level becomes too high—and isn't treated—your baby could suffer neurological (brain) damage.

HEARING SCREENING

Good hearing is essential for the normal development of language and listening skills, yet 1 in 300 newborns have some sort of hearing problem. Too often, hearing loss is not detected in until a speech or language delay has already occurred. That's why the American Academy of Pediatrics recommends—and Utah and Idaho state laws require—that all newborns have a hearing screening before they leave the hospital.



SCREENING TESTS FOR HEREDITARY DISEASES

Most states require that newborns be tested for certain hereditary diseases. The problems caused by these disorders can usually be prevented if treatment is started early enough.

Testing requires taking a few drops of blood from your baby's heel. Usually, two tests are necessary:

1. The first test is done shortly before your baby goes home from the hospital.
2. A follow-up test may be required sometime between 7 and 28 days of age in Utah, and between 5 and 15 days in Idaho.

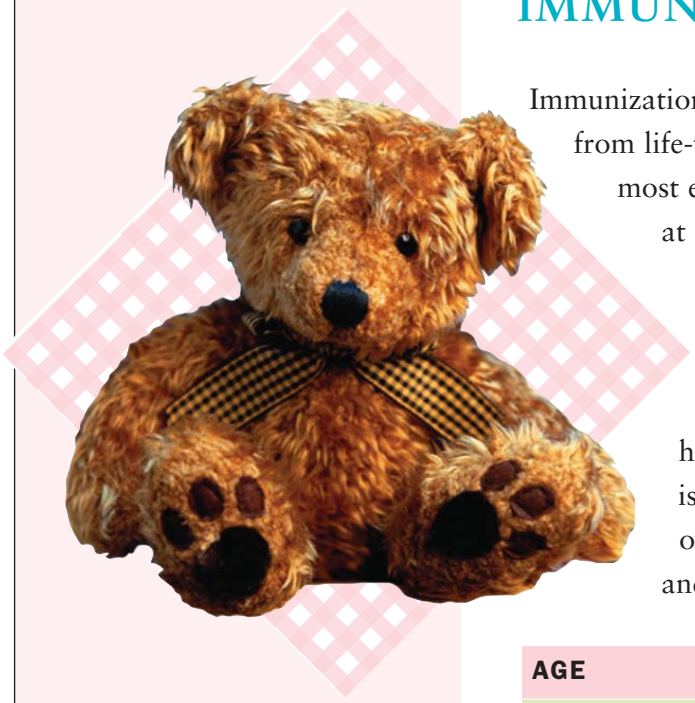
If a second test is necessary, you'll be given a screening kit and instructions for when to follow up with your doctor. Make sure you take your screening kit with you to your follow-up appointment.

The table below summarizes some of the tests currently required by Utah and Idaho laws. As technology and genetic knowledge advance, newborn testing may expand.

Utah	Idaho	Disorder	Description	How treated
✓	✓	**Phenylketonuria (PKU)** *1 in 10,000 newborns*	A hereditary disease in which the body can't break down certain parts of proteins (phenylalanine amino acids). Can lead to mental retardation.	Special diet
✓	✓	**Hypothyroidism** *1 in 5,000 newborns*	A hereditary condition in which the thyroid gland doesn't produce enough of a substance called thyroxine. May cause mental retardation and slow growth.	Thyroid replacement medicine (thyroxine)
✓	✓	**Galactosemia** *1 in 50,000 newborns*	A rare hereditary condition in which the body can't break down galactose (a type of sugar), which is found mostly in dairy products. May lead to mental retardation, cataracts, and liver damage.	Special diet
✓	By request*	**Hemoglobinopathies,** including **sickle cell anemia** *1 in 3,000 newborns*	Abnormalities in the hemoglobin of red blood cells. May lead to anemia and bleeding problems.	Early education and clinical care

Note: Idaho also screens for several other disorders caused by the body's chemistry (metabolic disorders)

IMMUNIZATIONS



Immunizations (vaccines) are an important way to protect your baby from life-threatening diseases. Vaccines are among the safest and most effective medicines. Vaccines work best when they are given at certain ages, with some vaccines given over a series of properly spaced doses. They are started at birth and are required before starting school.

The following table summarizes the routine early childhood immunization schedule, as of 2004. This schedule is based on recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control.

AGE	VACCINATIONS (# IN SERIES)
Newborn	■ Hepatitis B (1)
2 months	■ Hepatitis B (2) ■ DTaP (1) ■ Hib (1) ■ Polio (1) ■ Pneumococcal (1)
4 months	■ DTaP (2) ■ Hib (2) ■ Polio (2) ■ Pneumococcal (2)
6 months	■ Hepatitis B (3) ■ DTaP (3) ■ Hib (3) ■ Polio (3) ■ Pneumococcal (3)
12-18 months	■ DTaP (4) ■ Hib (4) ■ Pneumococcal (4) ■ MMR (1) ■ Varicella (1)
2-4 years	■ Hepatitis A (1)
4-6 years	■ DTaP (5) ■ Polio (4) ■ MMR (2) ■ Hepatitis A (2)

DTaP = Diptheria, Tetanus, and Pertussis
Hib = Haemophilus influenzae type b
MMR = Measles, Mumps, Rubella

When your baby is vaccinated, your health care provider should give you a Vaccine Information Statement (VIS) for each vaccine your baby receives.

For more information about vaccines, visit the following websites:

- **www.cdc.gov/nip**
- **www.immunize-utah.org**

SAFETY GUIDELINES

As a parent of a newborn, you're likely to have many concerns about the safety of your baby. This section provides some guidelines on keeping your baby safe.

POISON SAFETY

It's never too early to poison-proof your home! Children under the age of 5 are at the greatest risk for accidental poisoning. All children are born with a natural curiosity about the environment around them. They explore this environment by putting everything into their mouths. As they begin to crawl, walk, and climb, this curiosity increases and so does the risk for poisoning.

Many poisonings occur while a parent is using a product—such as a cleaning solution or paint. The child may start to play with the cleaning bucket or paint can. Don't be taken by surprise!

If a poisoning occurs, remain calm and follow these instructions:

- **Swallowed poison:** Call the Poison Control Center.
- **Poison in the eye:** Gently rinse the eye with luke-warm (not hot) water for 15 minutes. Do not force the eyelid open! Call the Poison Control Center.
- **Poison on the skin:** Remove contaminated clothing and rinse skin with water for 10 minutes. Wash skin gently with soap and water and rinse thoroughly. Then call the Poison Control Center.
- **Inhaled poison:** Immediately move into fresh air. Avoid breathing fumes. Open doors and windows wide to allow fresh air into the area. If the victim is not breathing, start CPR and call the Poison Control Center.



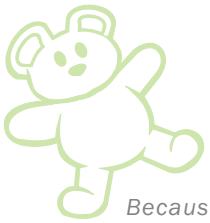
WHAT IS THE POISON CONTROL CENTER?

The Poison Control Center was established to help you if a poisoning occurs. Specially trained staff are available 24 hours a day to answer any questions you have about poisoning. Call the Center anytime you suspect someone may have been poisoned.

Poison Control Center:
1-800-222-1222

THE LATEST ON THE USE OF IPECAC SYRUP

The American Academy of Pediatrics no longer recommends keeping a bottle of ipecac syrup on hand at home. In fact, they recommend that parents throw away existing ipecac syrup. The **first action** for a caregiver of a child who may have ingested a toxic substance is to **call the Poison Control Center.** The AAP also continues to stress *prevention* as the most effective weapon against poisoning.



Because of concerns about infant suffocation on soft bedding products, bumper pads are not routinely recommended.

SLEEPING AND CRIB SAFETY

Most people who care for babies suppose that a baby is always safe while sleeping. However, some sleep situations can lead to injury or death. Young babies have suffocated in soft bedding materials and others have died when they became caught between the mattress and the bed frame. Some babies have even been smothered by a parent who rolled over them while sleeping in the same bed. These situations can be prevented.

Sleeping DON'Ts

- **DON'T** place your baby to sleep on any soft, loosely filled surface, such as comforters, pillows, sheepskins, or cushions filled with polystyrene beads. These surfaces can mold to your baby's face and interfere with breathing.
- **DON'T** allow hanging crib toys (mobiles, crib gyms) within your baby's reach. Remove any hanging crib toy when your baby begins to push up on her hands and knees or when she is 5 months old, whichever comes first. These toys can strangle your baby.
- **DON'T** let your baby sleep on a waterbed. Babies can become trapped and suffocate.
- **DON'T** use thin plastic wrapping materials such as cleaning bags or trash bags as mattress covers. Do not allow these things near your baby. The baby may suffocate if these items are near the face.

SLEEPING IN THE SAME BED AS YOUR CHILD

If you choose to sleep in the same bed with your infant, avoid soft sleep surfaces. Do not place quilts, blankets, pillows, comforters, or other similar soft material under the infant. Don't smoke or use substances such as alcohol or drugs that may impair your ability to wake up. Also, make sure other bed-sharers also avoid these substances.



- **DON'T** allow your baby's head to become covered during sleep.
- **DON'T** allow cords from drapes or window blinds near the crib. Do not place any items with strings or small parts near the crib. These things can strangle or choke the baby.
- **DON'T** leave the baby alone on a couch or a bed.

Sleeping DOs

- Place the healthy young baby on his back to sleep. When babies are able to roll over, they can choose their own sleeping position.
- Consider using a sleeper or other sleep clothing as an alternative to blankets.
- If you're using a blanket, put your baby with his feet at the foot of the crib. Tuck the blanket around the crib mattress, reaching only as far as your baby's chest.
- Dress your baby in the type of clothing (or cover with the amount of blankets) that you would find comfortable for sleeping.
- Keep the room temperature about 70°F.
- Be sure your baby's crib is safe and in good repair.
- Make sure crib slats are no more than 2 3/8 inches apart to prevent the baby's head from getting stuck. If you can put a soda can between the bars, they are too far apart.
- Make sure the mattress is firm and fits the crib. The space between the mattress and the crib should not allow more than 2 finger widths.
- Make sure the railing is at least 26 inches higher than the lowest level of the mattress support, so your growing baby can't climb over it easily.
- Make sure the crib has smooth surfaces, sturdy hardware, and a secure teething rail.
- Place the crib next to an inside wall rather than near an outside wall or window. Keep the crib away from radiators and hot or cold air ducts. A baby can receive a burn from a radiator. The forced air ducts can dry out your baby's nose and throat, increasing her susceptibility to respiratory problems.



If you can put a soda can between the bars of your baby's crib, the bars are too far apart.



IT'S THE LAW

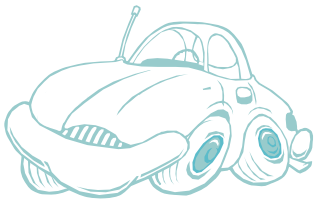
Utah law

- Everyone in the car must be properly restrained.
- Children under 5 must be restrained in an approved child safety seat.

Idaho law

- Everyone in the car must be properly restrained.
- Children under the age of four, or 40 pounds, must ride in an approved child restraint device.

Call **(801) 588-CARS** if you have any questions about your child safety seats—or for information on having your child safety seats checked at an approved site in your area.



CAR SAFETY

Despite laws in all 50 states that require the use of child safety seats for young children, more children are killed as passengers in car crashes than from any other type of injury. Almost half of these deaths can be prevented if children are properly restrained in an appropriate child safety seat. An appropriate child safety seat:

- Is the right size for the child
- Fits the vehicle's seat and seat-belt systems
- Is easy for parents to use properly
- Meets all applicable federal safety standards

The next few pages summarize child safety seat guidelines for your child, beginning with infants (like your newborn baby). Keep the information for toddlers, school-age, and older children as a reference as your child grows.



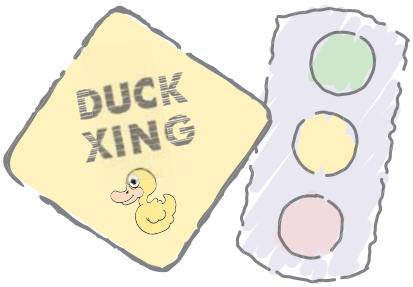
When you transport your baby in a car, you'll need to keep a few important rules in mind:

- Always place your child in an approved child safety seat.
- Never leave your child unattended in a car—not even for a moment.
- Enter and exit the car on the curb side.

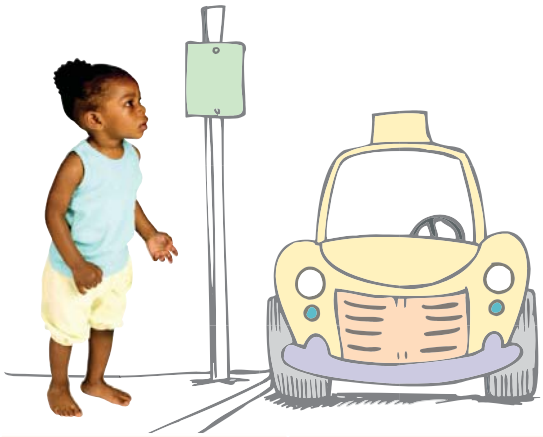


INFANTS

(20 pounds or less AND less than 1 year old)



Child safety seat	■ Always read the child safety seat instructions! Follow the manufacturer's guidelines. ■ "Infant-only" child safety seats are designated for infants weighing up to 20 pounds. You can use infant-only seats with or without the base. ■ Most "convertible" seats can be used for rear facing up to 30-35 pounds. ■ Make sure the handle is down on infant-only seats when used in the vehicle.
Placement	■ The back seat, especially the center back seat, is the safest place for an infant seat. ■ Keep your infant rear facing until she is at least one year old AND weighs 20 pounds. It is recommended that infants stay rear facing up to 30-35 pounds if the car seat permits. ■ NEVER put infants in the front passenger seat of vehicles with air bags.
Child safety seat harness straps	■ Do not wrap the infant in blankets or extra clothing. Fasten **harness straps** on the infant first. Cover the infant with a blanket last. ■ On the back of the child safety seat, place harness straps in the slots that position them to come up and over the baby's shoulders. ■ Fasten the harness snugly. At your baby's collarbone, you should not be able to pinch up any of the excess harness strap webbing between your fingers. ■ Always use the **chest retainer clip** to hold the shoulder straps in place. Position the retainer clip at armpit level (see the picture on page 34).
Car safety belts	■ When installed properly, the child safety seat should move very little when shaken at the anchor points: one inch or less side-to-side and front-to-back (where the seat belt goes through). ■ With some car models, you must use a **locking clip** with the lap/shoulder belt. Always read your vehicle and your child safety seat manufacturer's instruction manual. When needed, place the locking clip on both lap and shoulder belts ½" to 1" from the latch plate (see the picture on page 34).
Special considerations	■ If needed to prevent slouching or sliding, place rolled diapers or blankets on both sides of the infant's body and between the legs. ■ DO NOT put padding behind infants' backs or under their bottoms, or use car seat inserts that don't come with the car seat. ■ In an emergency situation, it is suggested that parents remove the entire seat with the child in it by releasing the seat belt because it takes less time. ■ Infants should be reclined at an angle of 30-45 degrees to avoid stress to the neck and back and to keep the infant's head from falling forward, possibly cutting off the airway.



TODDLERS

(20-40 pounds AND at least 1 year old)

Child safety seat	■ Always read the instructions! Follow the car seat manufacturer's guidelines. ■ Use child safety seats that have harnesses for children weighing up to 40 pounds.
Placement	■ Face the child safety seat toward the front of the car for a child who is over 20 pounds AND at least 1 year of age. It's best to keep children rear facing up to 30-35 pounds if the child safety seat permits. ■ Generally, the center back seat is the safest place for a child safety seat.
Child safety seat harness straps	■ Use the **harness straps** at all times for children up to 40 pounds. On the back of the child safety seat, adjust the harness straps to the top slots at or above shoulder level. On a forward-facing convertible, the top harness slots must be used. ■ Fasten the harness snugly. At your child's collarbones, you should not be able to pinch up any of the excess harness strap webbing between your fingers. ■ If there is a **chest retainer clip**, always use it to hold the shoulder straps in place. Position the retainer clip at armpit level (see the picture on page 34).
Car safety belts	■ With some car models, you must use a **locking clip** with the lap/shoulder belt. Always read your vehicle and your car seat manufacturer's instruction manual. When needed, place a locking clip on both lap and shoulder belts ½" to 1" from the latch plate (see the picture on page 34). ■ Newer cars and child safety seats may use the latch system. Read the car and child safety seat guidelines.
Special considerations	■ You may place your child in a booster seat: • If your child's ears are above the top of the safety seat back, OR • If your child's shoulders are too broad for the car safety seat, OR • When the upper weight limit of 40 pounds is reached. ■ When available, you can use built-in seats instead of forward-facing convertible seats. There are no installation problems with these seats. Each device has its own instructions, and weight limits for children will vary.



SCHOOL-AGED CHILDREN *(40-80 pounds)*

Child safety seat/ booster seat	■ School-aged children should use booster seats. Booster seats help safety belts fit older children properly. ■ Always read the instructions! Follow the child safety seat manufacturer's guidelines.
Placement	■ The back seat is the safest place for a child booster seat. Always use a location that has a lap/shoulder belt. ■ Any child under 13 should sit in a rear seat.
Car safety belts	■ The vehicle's lap/shoulder belts do not fit a child without the use of a booster seat. The booster seat raises the child up for better fitting in shoulder and lap belts and adds bulk to their small bodies. The lap belt must stay low over the hips. Do not let the shoulder belt cross the neck or face.

OLDER CHILDREN *(greater than 80 pounds)*

Placement	■ Always read seat belt instructions! Follow the car manufacturer's guidelines. ■ The back seats with the lap/shoulder belts are the safest places for a child. ■ Any child under age 13 should sit in a rear seat. ■ Any child 13 years of age or older who must sit in the front seat of a vehicle with a passenger-side air bag should be properly restrained and the vehicle seat should be moved back as far as possible.
Car safety belts	■ Most children will fit in a lap/shoulder belt when they are at least 80 pounds and 4 feet 9 inches tall. ■ Keep the lap belt snug and low across the hips and do not let it ride up on the abdomen. ■ Make sure the shoulder belt crosses the shoulder, not the neck or face. Do not wear the shoulder belt behind the back or under the arm. ■ For better fit, the child may slide closer to the buckle (toward the center of the vehicle).

rear-facing infant car seat







*With some cars, you must use a **locking clip** with the lap or shoulder belt. When needed, place the locking clip on both lap and shoulder belts 1/2" to 1" from the latch plate.*

SECOND-HAND SMOKE

Cigarette smoke is harmful to your baby. More than 50 recently published studies show that exposure to smoke puts your baby at higher risk for the following problems:

- Colds, coughs, and sore throats
- Bronchitis and pneumonia
- Ear infections and reduced hearing
- Developing or worsening asthma
- Sudden infant death syndrome (SIDS, also called crib death)

Here's what you can do to prevent these risks:

- If you smoke, quit.
- If you quit smoking when you were pregnant, don't start again.
- Don't let others smoke in your home, in your car, or around your baby.

For information and resources to help you quit smoking, ask your health care provider for a copy of IHC's *Journey to Freedom (Un viaje a la Libertad)*. This booklet is also available online at **ihc.com/prevention.** This booklet presents a step-by-step approach to quitting. It also lists IHC, state, and national resources to help you quit.



OTHER SAFETY GUIDELINES

As your newborn grows and begins to explore his environment, be sure to follow these safety guidelines.

DO

- Put safety covers on all unused electrical sockets.
- Install gates at the top and the bottom of stairs.
- Have the Poison Control Center emergency number on every phone: 1-800-222-1222
- Have smoke detectors installed on each level of the home. Check once a month to see if they are working. Replace the batteries yearly—use a yearly event such as a holiday or birthday as a reminder.
- Use a bathtub mat.
- Put a "tot finder" on children's bedroom windows. A tot finder is a highly visible decal that can help firefighters quickly find which rooms are children's bedrooms.
- Keep the following items locked up in child-proofed cupboards.
  - All household cleaning products
  - All prescription and over-the-counter medicines
  - All gardening and auto products
- Keep children away from space heaters.
- Keep all razors and blades away from children.
- Buy only fire-resistant nighttime clothing.
- Keep the iron in an out-of-the-way, safe place after using it.
- Turn the water heater temperature down from 160° to 120°. (160° water can cause third degree burns in one second! 120° water allows 2 to 3 seconds to respond to hot pain.)
- Keep all plants out of reach of children. Some plants are poisonous when eaten.
- Teach children to stay away from the garbage, cigarettes, ash trays, matches, safety pins, and straight pins.
- Keep all plastic bags away from children.
- When using tablecloths, try not to have them hang over the edge of the table. Remove all heavy objects on the top of tablecloths.
- Turn pot handles toward the center of the stove while cooking so children can't pull pots off the stove and get burned.
- Use a harness or belt in a high chair and stroller.
- Avoid giving toys and foods that may be choking hazards. For example, children can choke on broken pieces of balloons. Small children can also choke on objects such as hot dog pieces, peanuts, carrots, popcorn kernels, pennies, and marbles.

For more information on protecting your child from injury, visit the National Safe Kids campaign website at **www.safekids.org.**



DON'T

- Don't leave a child alone in the house or car (even for a short time).
- Don't leave a child under the age of 5 alone in the bathtub. Children can drown in as little as one inch of water in only one to two minutes. If the phone or doorbell rings, wrap the child up in a towel and take him with you—or better yet, let the phone ring.
- Don't leave the crib side-rails down.
- Don't pick up a child by his arm. Instead, grasp him at the chest.
- Don't smoke around your baby.
- Don't leave babies or young children alone while they're eating.
- Don't say, "Medicine is candy." It isn't.
- Don't leave a mop-pail of water where a child could get into it—a child could drown.
- Don't allow plastic bags where your baby could reach them or roll into them.
- Don't leave an infant alone on a bed or changing table.



PET SAFETY

Pets can be a source of joy, or a serious hazard, to a new baby. Pets may also be a source of potential infection. Be sure to watch the pet's reaction to the infant. Some animals experience hostility or jealousy and may harm the baby. You may have to take steps to protect the baby, especially if you have an exotic pet. Never leave a new baby alone with any pet.

Know your child

Being aware of your child's development allows you to keep one step ahead by injury-proofing areas before your child can reach them.

Babies up to 6 months old:

- Roll over and reach for objects.
- Are often poisoned or given foods that can be choked on by older siblings trying to be helpful.

Babies 7 to 12 months old:

- Learn to crawl, pull to stand, and walk by holding onto furniture.
- Can pull pans off a stove or pull on a tablecloth with objects on it. In either case, a severe injury could occur.

Toddlers:

- Like to investigate, are very curious.
- Have the highest accident rate of any age group.
- May get into danger by climbing on high, unlocked cabinets and shelves.

SAFE RELINQUISHMENT ACTS

UTAH "SAFE RELINQUISHMENT OF A NEWBORN CHILD" ACT

In 2001, the state of Utah passed an act that provides a process for a parent or a parent's designee to safely relinquish care and custody of a newborn child (less than 72 hours old) to hospital personnel at a hospital with emergency medical services. As long as the child has not been neglected or abused, the person leaving the child will not be required to provide any information to the hospital. However, he or she may voluntarily provide information including, but not limited to, the medical history of the parent(s) or the child.

IDAHO "SAFE HAVEN ACT"

Idaho has a similar act called the "Safe Haven Act." It states that a custodial parent may leave a child less than 30 days old at a "Safe Haven" without being subjected to prosecution for abandonment. "Safe Havens" include hospitals licensed in the state of Idaho, licensed physicians and staff working at their offices and clinics, advanced practice nurses, physician's assistants, and certain emergency medical personnel (first responders, EMTs, and paramedics).



NOTES



INSURING YOUR NEWBORN

Remember to enroll your newborn in your health insurance plan within 30 days of birth to make sure your baby's medical expenses are covered.

SUMMARY OF WHEN TO SEEK MEDICAL HELP



Get emergency care

in the following cases:

- Dusky or blue skin or lips
- Excessive sleepiness, floppiness, or difficulty rousing
- Poisoning or suspected poisoning—call Poison Control first (1-800-222-1222)
- Trouble breathing or chest sinking in with breathing



Call your baby's doctor

if you notice any of the following:

SKIN

- Jaundice (a yellow appearance) that does not go away, or spreads to cover more of the body
- A rash that concerns you
- Mottled and pale skin—and a temperature that's higher or lower than normal
- Cradle cap
- Severe or persistent diaper rash

SIGNS OF INFECTION OR ILLNESS

- Reddened or firm skin around the umbilical site—or skin that has pus or a foul smell
- Redness, swelling, tenderness, pus, or bleeding at the circumcision site
- Vomiting more than occasionally or vomit that is green or bloody
- Unstable or abnormal temperature. A baby's normal temperature (armpit) is 97.7°F (36.5°C) to 99.5°F (37.5°C).
- Thrush—white or grayish-white, slightly elevated patches resembling curds of milk on the tongue, roof of the mouth, lips, or throat
- Breathing faster than 60 breaths per minute
- Wheezing or coughing
- Lethargy, or an overall change in activity or temperament
- Excessive irritability (has a high-pitched cry or is inconsolable)
- Poor eating (for example, refusal to eat at all, or consistently sleeping 5-6 hours between feedings)

BOWEL MOVEMENTS AND URINATION

- No bowel movement by 36 hours of age, or persistent constipation
- Fewer than 3 bowel movements in a 24-hour period on the 3rd day of life
- **On** the **4th** day of age:
  - Fewer than 4 wet diapers in a 24-hour period
  - Fewer than 4 bowel movements in a 24-hour period
- **After** the **4th** day of age:
  - Fewer than 6 wet diapers in a 24-hour period
  - Fewer than 4 bowel movements in a 24-hour period
- No bowel movements within any 24-hour period
- Sudden changes in bowel movements in combination with irritability, poor eating, or other concerns
- Diarrhea or stool that's watery, green, foul-smelling, or contains mucus
- Signs of discomfort with urination or failure to urinate within 6-8 hours after a circumcision

It's okay to call your doctor any time you have a concern about your baby's health—even for symptoms not listed here.



You can find this booklet and other related resources at **ihc.com/mombaby.**

INTERMOUNTAIN HEALTH CARE

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